

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED

2012 JUL 30 AM 8:37

1. NAME OF
COMMITTEE (in full)

X

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5
FEC MAIL CENTER

BI RIGHT TO LIFE FEDERAL PAC

ADDRESS (number and street)

266 SMITH STREET

◀ (Check if address
is changed)

P.O. BOX 28285

PROVIDENCE

CITY ▲

RI

STATE ▲

02908-0285

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X

◀ (Check if address
is changed)

BEERACY@RIRTL.ORG

Optional Second E-Mail Address

PMALONEY@PROVIDENCE.EDU

COMMITTEE'S WEB PAGE ADDRESS (URL)

◀ (Check if address
is changed)

WWW.RIRTL.ORG

2. DATE

MM / DD / YYYY
07 / 23 / 2012

3. FEC IDENTIFICATION NUMBER ▶

C00426528

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

PAUL J. MALONEY

Signature of Treasurer



Date

MM / DD / YYYY
07 / 23 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

12030862831

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation _____ Corporation w/o Capital Stock _____ Labor Organization _____

☒ Membership Organization _____ Trade Association _____ Cooperative _____

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12030862832

Write or Type Committee Name

RI Right to Life Federal PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

RHODE ISLAND STATE RIGHT TO LIFE COMMITTEE IN
C

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BARTH E BRACY

Mailing Address

P.O. Box 28285

PROVIDENCE

RI

02908-0285

Title or Position

CITY

STATE

ZIP CODE

EXECUTIVE DIRECTOR

Telephone number

401-521-1860

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

PAUL J. MALONEY

Mailing Address

P.O. Box 28285

PROVIDENCE

RI

02908-0285

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

401-521-1860

12030862833

RI Right to Life Federal PAC

FEC Form 1 (Revised 02/2009)

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Full Name of
Designated
Agent

BARTHE BRACY

Mailing Address

P.O. Box 28285

PROVIDENCE

CITY

RI

STATE

02908-0285

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

401-521-1860

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIZENS BANK

Mailing Address

120 WATERMAN AVE

PROVIDENCE

CITY

RI

STATE

02919-3623

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030862834

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
-----------------------------------------	-----------------

<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input checked="" type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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Amc
PREPARER
(3/2005)

7/30/12
DATE PREPARED

12030862835